

SARATOGA COUNTY SEWER DISTRICT #1
REQUEST FOR REVIEW FORM (Revised 8/04)

Review Number: _____ Date: _____

Name of Project: _____

Project's Proponent: _____

Location of Project: _____

Tax map number (S-B-L) of Project's Location: _____

Projected Design Flow: _____ gpd Projected Discharge rate: _____ gpm

Name of Entity that will own sewer system through completion of construction:

Address: _____

Town/City: _____

Phone: _____ Fax: _____

Description of Project: _____

Is Sewer System proposed to be dedicated to Saratoga County Sewer District #1?

☐ Yes ☐ No

Name of Entity that will own Sewer System if not dedicated to SCSD #1:

Name: _____

Address: _____

Town/City: _____

Phone: _____ Fax: _____

If a private sewage transportation corporation will own the Sewer System, is the project area to be serviced by the Sewer System entirely within the defined boundaries of the service area and/or franchise area of the transportation corporation as stated in its Certificate of Incorporation and approved by the local municipality?

☐ Yes ☐ No

If the preceding answer is "No", what portion of the project area is outside the defined boundaries of the transportation corporation's service and/or franchise area?

Portion of project for which review is requested: _____

Property owner's name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Contractor: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Developer: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Design Engineer: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Saratoga County Sewer District #1 requires the applicant for Plan Review and the project's proponent to designate an agent to whom SCSD #1 shall direct all written, verbal, and electronic communications to the applicant and project's proponent regarding the proposed project or sewer connection. NOTE: By naming such designated agent, the applicant and the project's proponent agree to be bound by all decisions communicated by said designated agent to SCSD #1 regarding the proposed project.

Designated Agent: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

NOTE: Any approval issued by SCSD #1 of this Project's plans shall expire one year from the date of the issuance of said approval unless a written commitment to reserve capacity in SCSD #1's Sewer System for the project's flow has been obtained from SCSD#1.

Applicant's Signature: _____

Applicant's Name: _____ Date: _____
(Please print)

Address: _____

Phone: _____ Fax: _____

E-mail: _____

For Internal Use Only

REVIEW FEE UNITS: _____ FEE: \$25.00/UNIT TOTAL: _____

CHECK AMOUNT: _____ CHECK NO.: _____

SUBMISSION CHECK LIST

Engineers Report: _____ Construction Plans: _____

RECEIVED BY: _____ DATE: _____

For additional information call the Sewer District 664-7396